



## MARYLAND Department of Health

### **Public Health Preparedness and Situational Awareness Report: #2020:30**

Reporting for the week ending 07/25/20 (MMWR Week #30)

**July 31st, 2020**

#### **CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** No Active Alerts

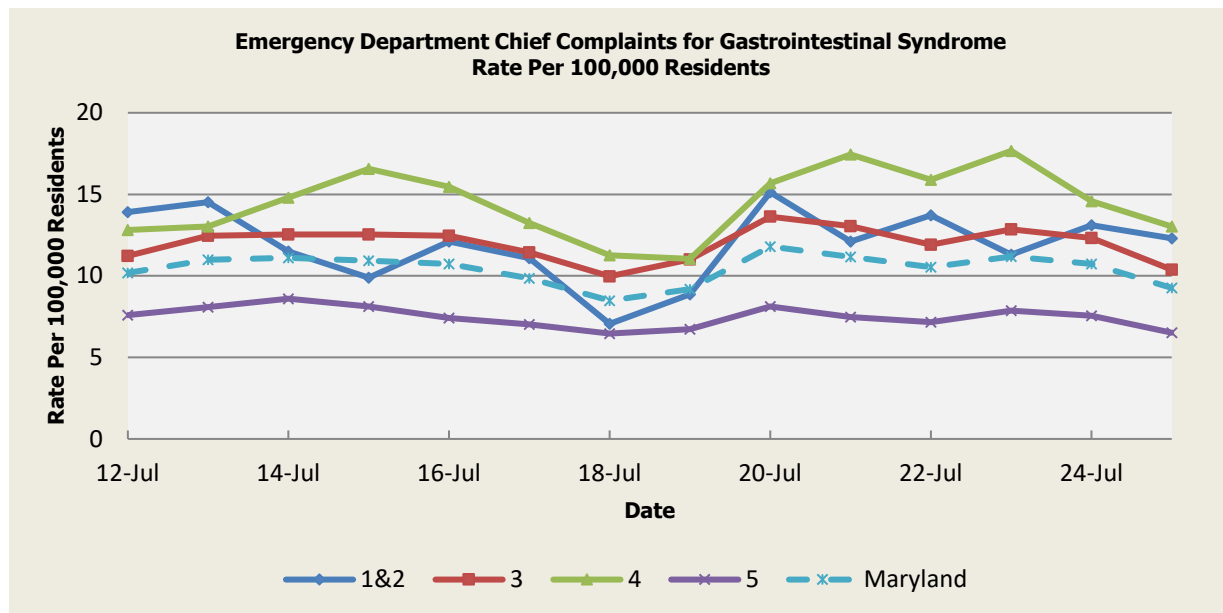
**Maryland:** **ENHANCED** (MEMA status)

### **SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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## Gastrointestinal Syndrome



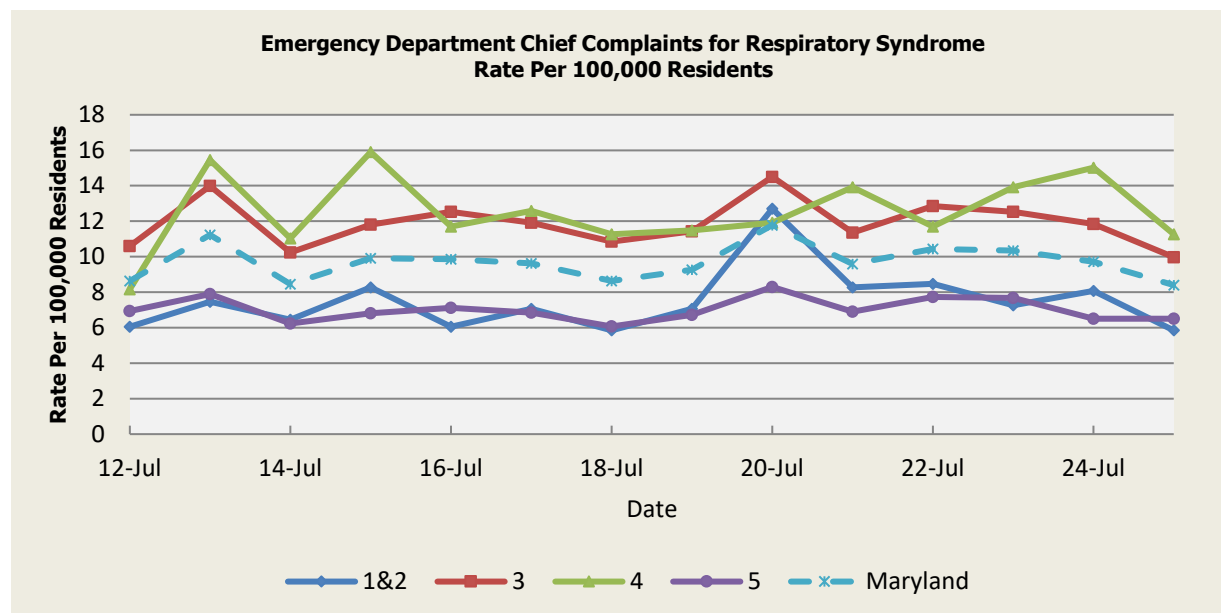
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.25	14.95	15.87	10.20	13.06
Median Rate*	13.11	14.80	15.46	10.17	13.00

\* Per 100,000 Residents

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## Respiratory Syndrome



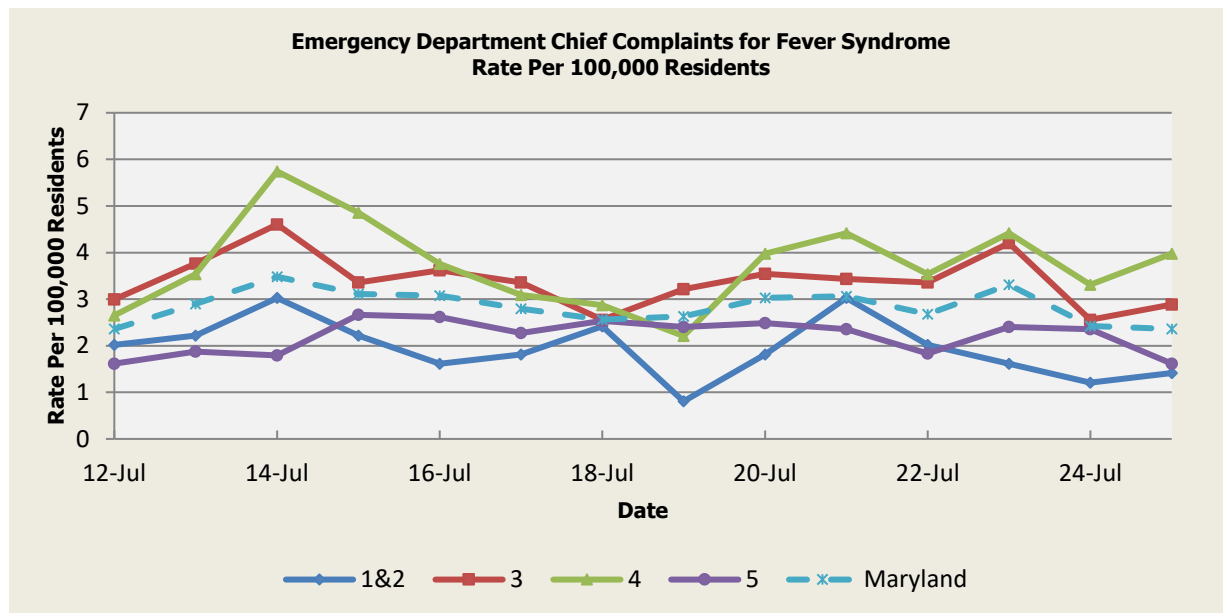
There were seventy- seven (77) Respiratory Syndrome outbreaks reported this week: eleven (11) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,4,5), two (2) outbreaks of COVID-19 in Correctional Facilities (Regions 3,4,5), one (1) outbreak of COVID-19 in a Day Program (Region 4), three (3) outbreaks of COVID-19 in a Daycare Centers (Regions 1&2,3,5), three (3) outbreaks of COVID-19 in Other Facilities (Regions 1&2,3), fifteen (15) outbreaks of COVID-19 in Group Homes (Regions 3,4,5), nine (9) outbreaks of COVID-19 in Hospitals (Regions 3,5), seventeen (17) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), two (2) outbreaks of COVID-19 in Outpatient Facilities (Region 3), three (3) outbreaks of COVID-19 in Substance Abuse Treatment Programs (Region 3), one (1) outbreak of COVID-19 in a Residential Rehabilitation Program (Region 3), one (1) outbreak of COVID-19 in a Restaurant (Region 4), one (1) outbreak of COVID-19 in a Shelter (Region 3), seven (7) outbreaks of COVID-19 in Workplaces (Regions 1&2,3,4), one (1) outbreak of COVID-19 in a Youth Residential Treatment Center (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.55	14.86	15.21	10.08	12.86
Median Rate*	12.10	14.21	14.35	9.69	12.33

\* Per 100,000 Residents

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## Fever Syndrome



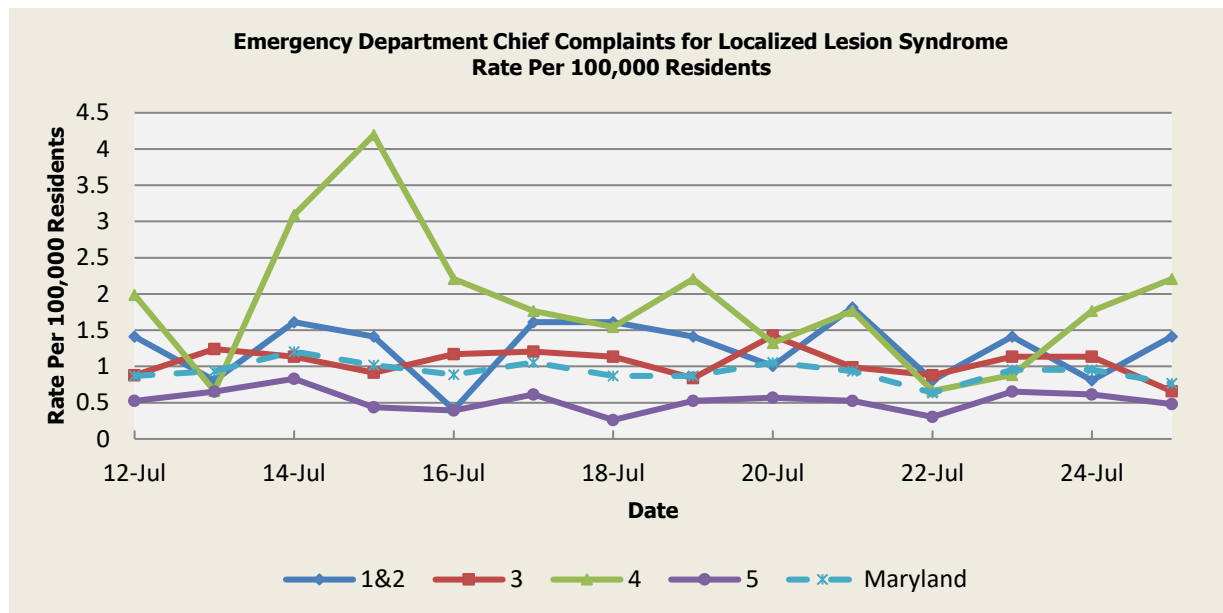
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.92	4.15	3.06	3.54
Median Rate*	3.02	3.80	3.97	2.92	3.40

*\*Per 100,000 Residents*

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## Localized Lesion Syndrome



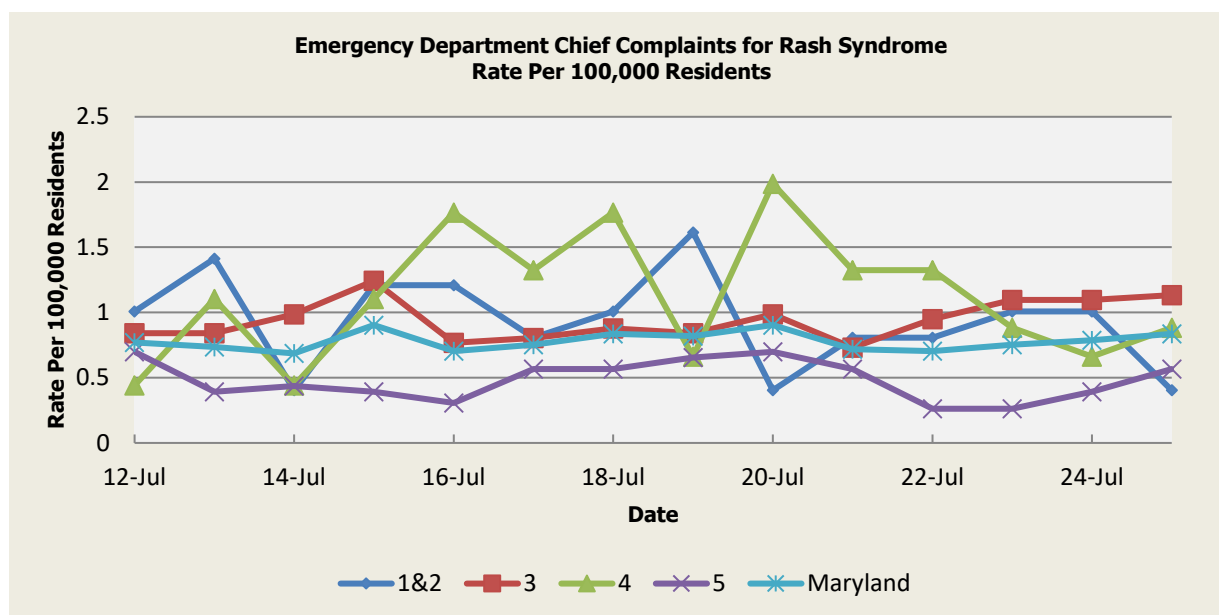
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.73	2.00	0.88	1.38
Median Rate*	1.01	1.68	1.99	0.83	1.34

\* Per 100,000 Residents

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## Rash Syndrome



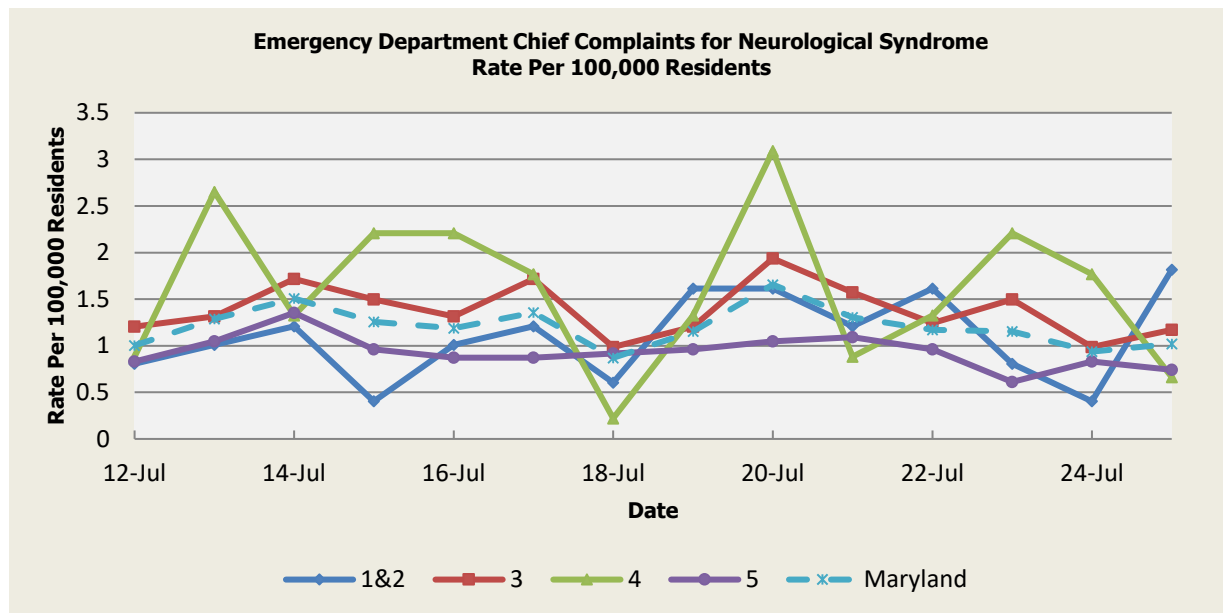
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.22	1.62	1.71	0.94	1.34
Median Rate*	1.21	1.57	1.55	0.92	1.31

\* Per 100,000 Residents

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## Neurological Syndrome



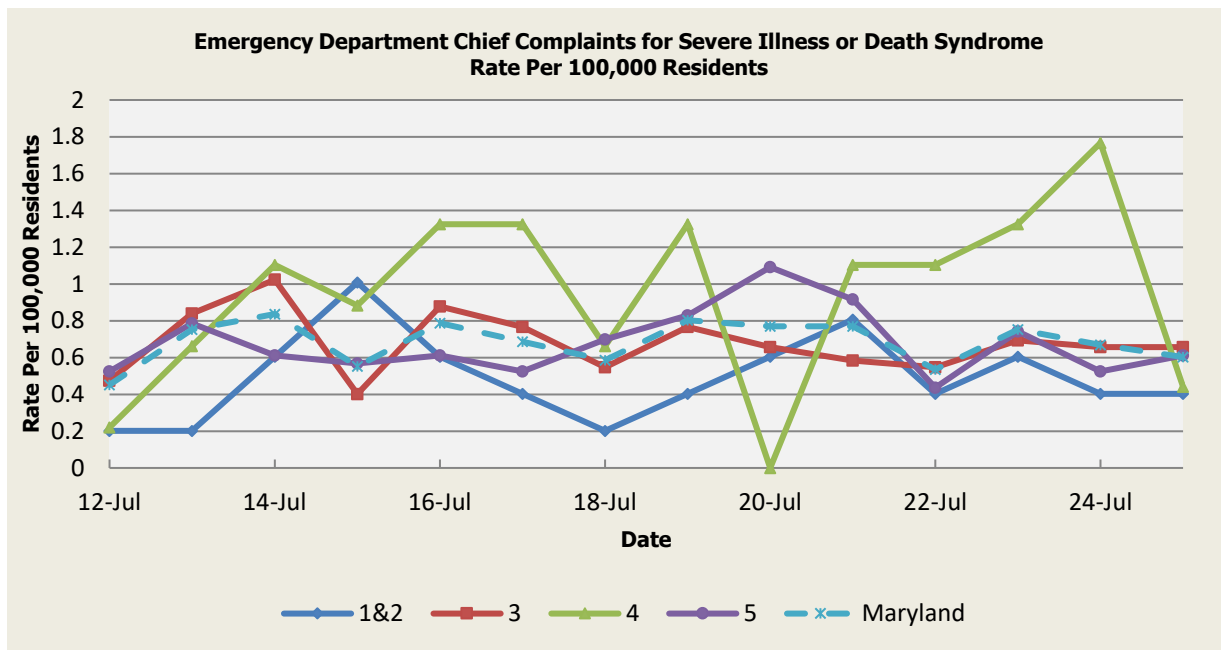
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.81	0.99	0.91	0.64	0.84
Median Rate*	0.81	0.91	0.88	0.57	0.79

\* Per 100,000 Residents

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## Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.48	0.70

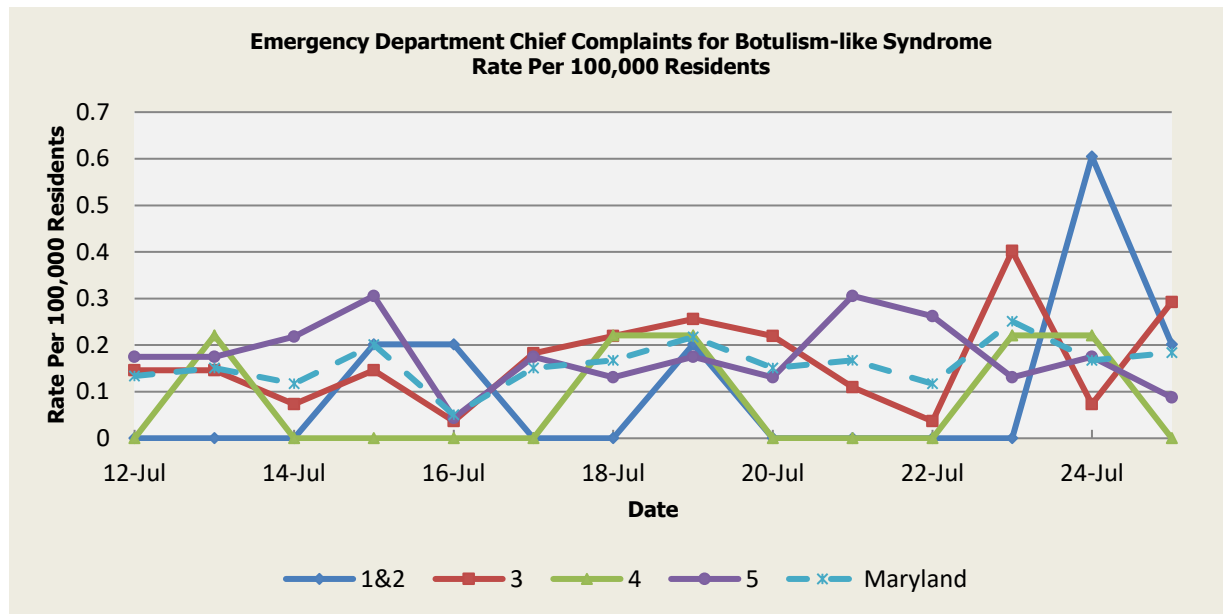
\* Per 100,000 Residents

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## **SYNDROMES RELATED TO CATEGORY A AGENTS**

### **Botulism-like Syndrome**



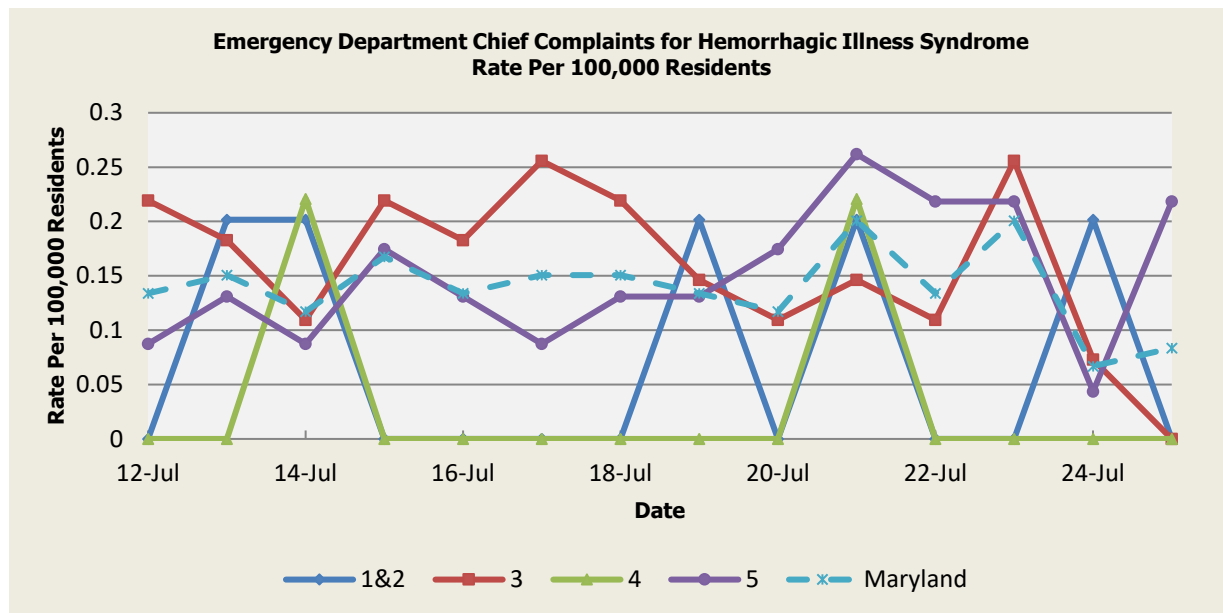
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 7/13 (Region 4), 7/14 (Region 5), 7/15 (Regions 1&2, 5), 7/16 (Regions 1&2), 7/18 (Region 4), 7/19 (Regions 1&2,4), 7/21 (Region 5), 7/22 (Region 5), 7/23 (Regions 3,4), 7/24 (Regions 1&2,4), 7/25 (Regions 1&2,3). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.09	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

\* Per 100,000 Residents

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## Hemorrhagic Illness Syndrome



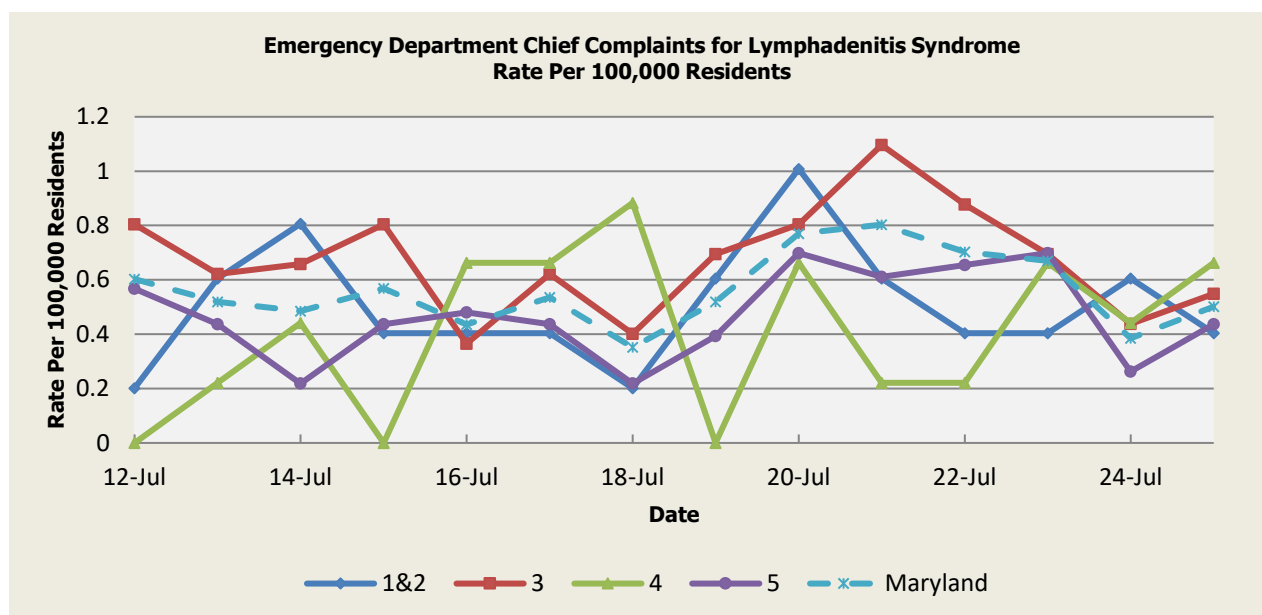
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 7/13 (Regions 1&2), 7/14 (Regions 1&2,4), 7/19 (Regions 1&2), 7/21 (Regions 1&2,4), 7/24 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

\* Per 100,000 Residents

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## Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 7/14 (Regions 1&2), 7/20 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.40	0.39	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.45

\* Per 100,000 Residents

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## **MARYLAND REPORTABLE DISEASE SURVEILLANCE**

### **Coronavirus Disease 2019 (COVID-19) Situation Summary**

On March 5<sup>th</sup>, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

#### **Confirmed COVID-19 Case Counts in Maryland by County (As of July 31st, 2020)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	266
Anne Arundel	6,770
Baltimore City	11,192
Baltimore County	11,818
Calvert	588
Caroline	423
Carroll	1,449
Cecil	622
Charles	1,832
Dorchester	340
Frederick	2,986
Garrett	45
Harford	1,750
Howard	3,530
Kent	232
Montgomery	17,568
Prince George's	22,416
Queen Anne's	383
Somerset	119
St. Mary's	896
Talbot	340
Washington	952
Wicomico	1,279
Worcester	550
<b>Total</b>	<b>88,346</b>

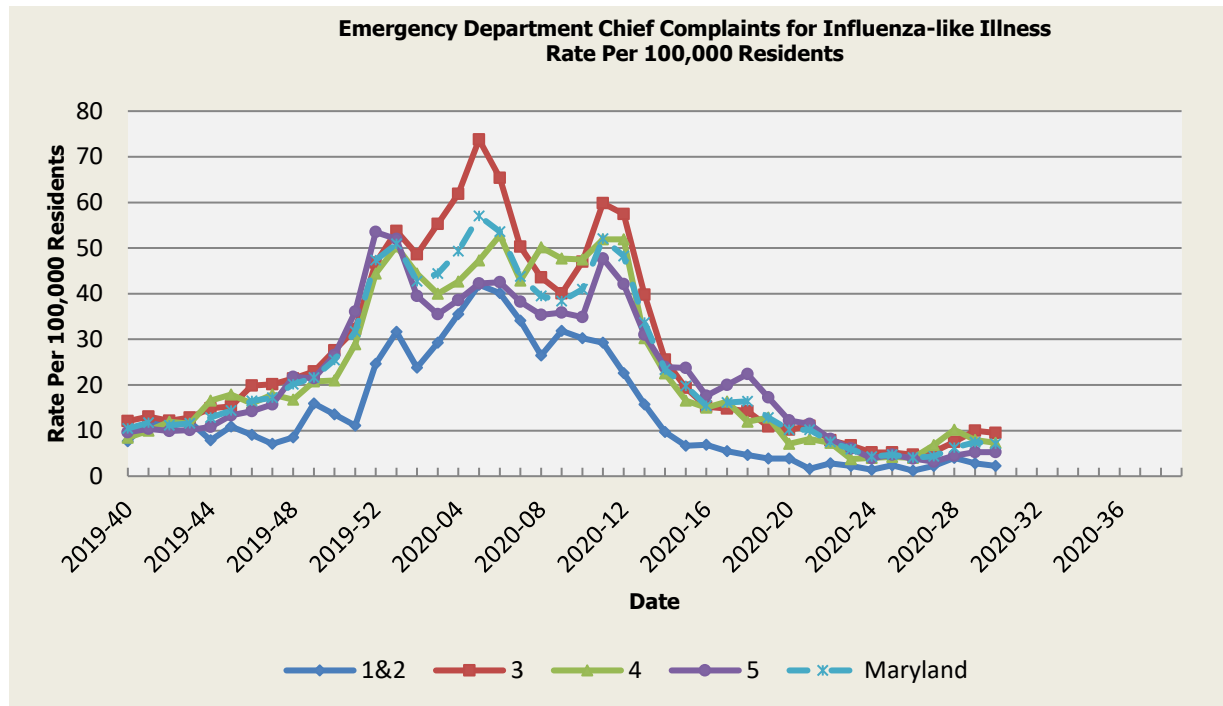
The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

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## **SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). **Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2020-2021 reporting season (MMWR Week 40/Week Ending October 3, 2020).**

### **Influenza-like Illness**

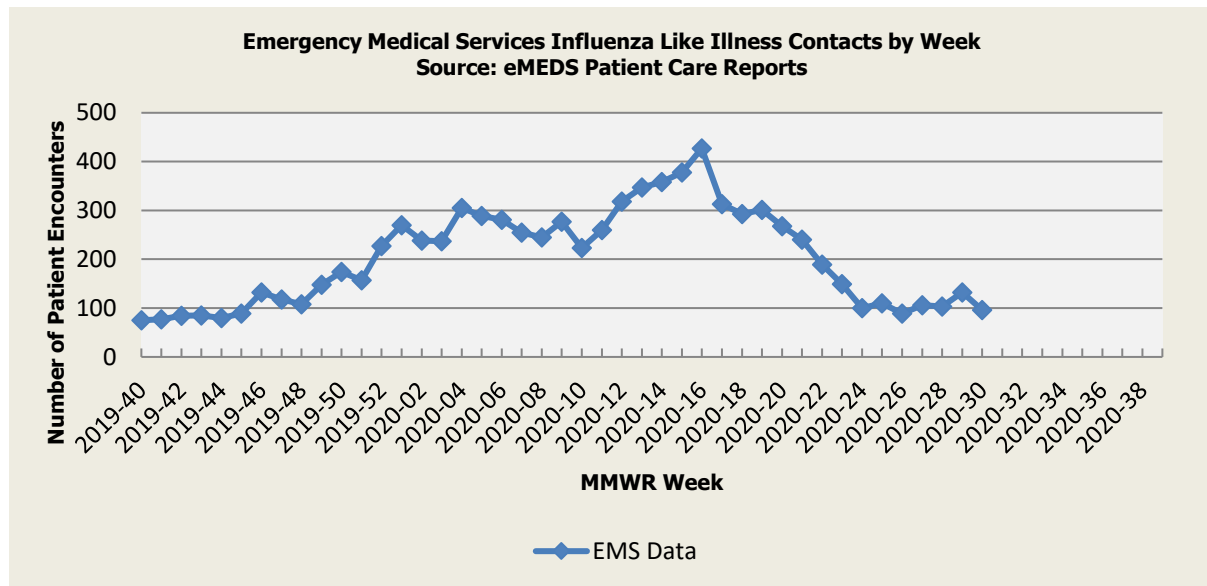


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.44	14.28	13.57	12.07	13.06
Median Rate*	7.66	10.52	9.50	8.99	9.64

\* Per 100,000 Residents

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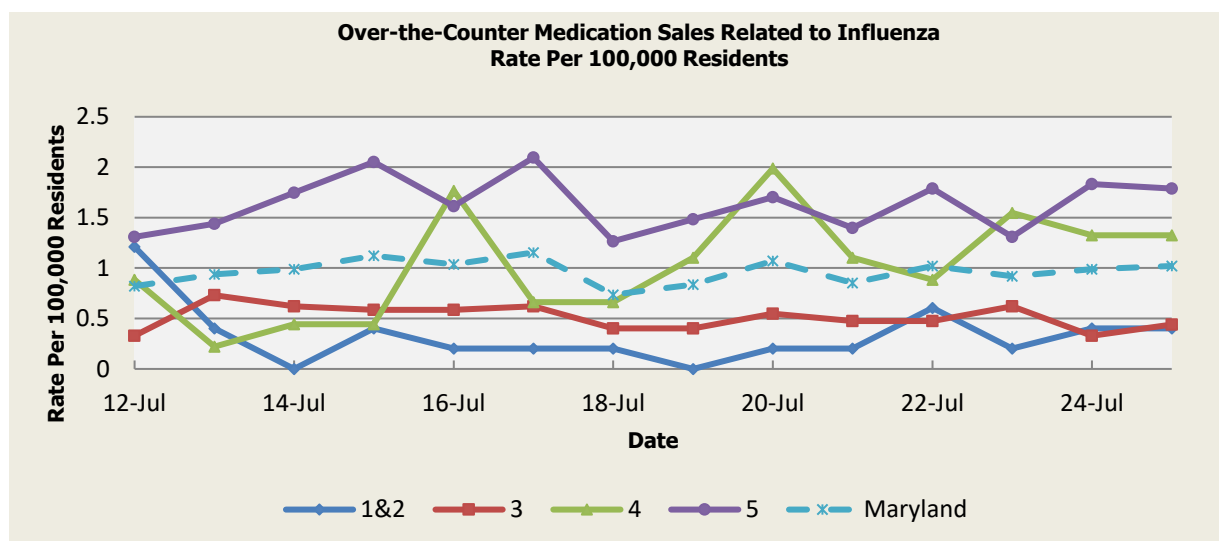
## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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## Over-the-Counter Influenza-Related Medication Sales



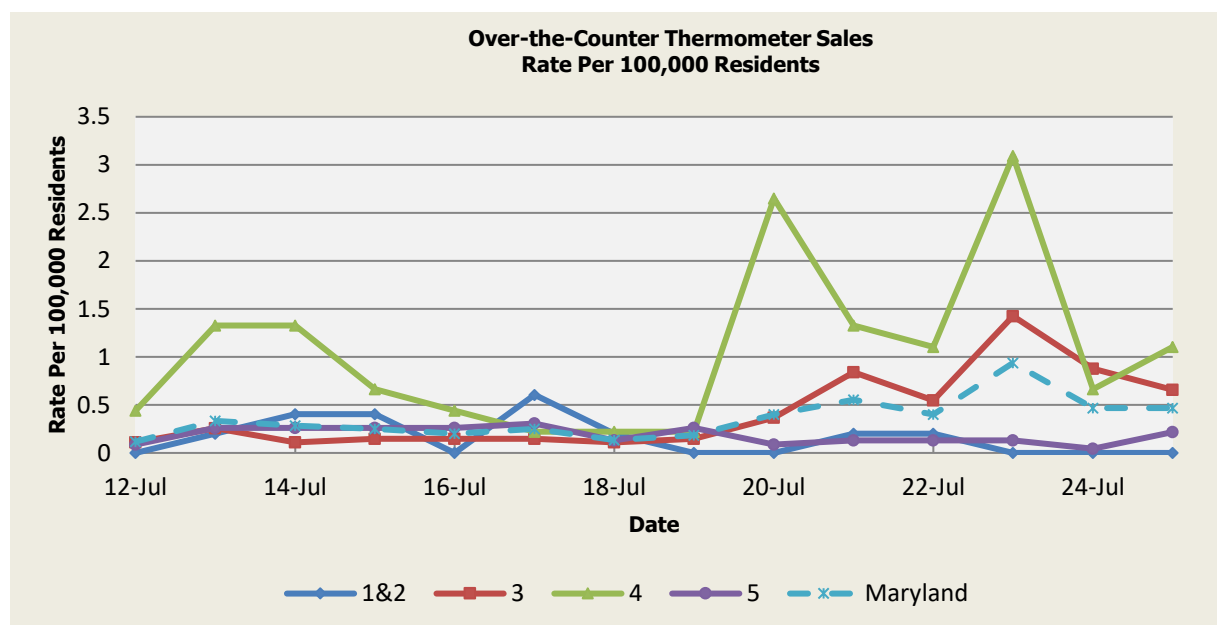
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.34	4.27	2.60	7.62	5.35
Median Rate*	2.62	3.32	2.21	6.90	4.58

\* Per 100,000 Residents

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## Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.78	2.64	2.13	3.50	2.94
Median Rate*	2.42	2.59	1.99	3.49	2.94

\* Per 100,000 Residents

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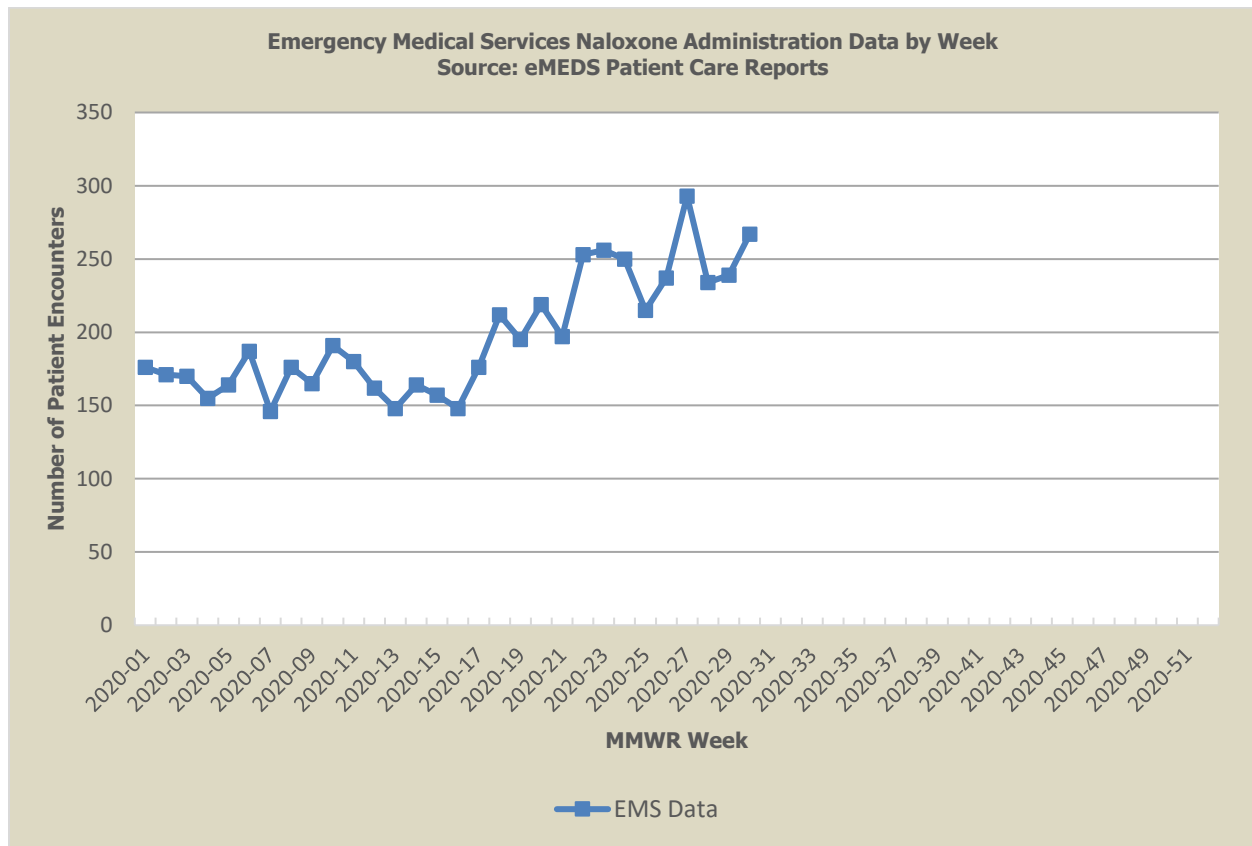
## **SYNDROMIC OVERDOSE SURVEILLANCE**

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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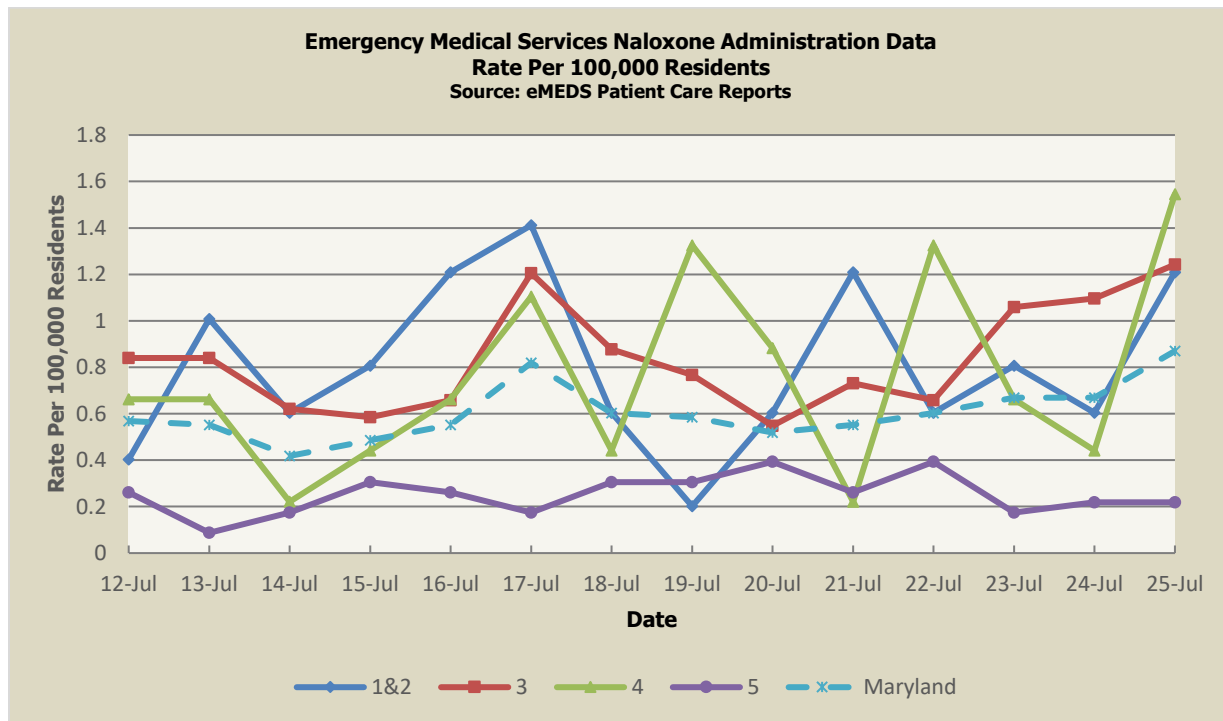
## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## Naloxone Administration Data



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of July 31st, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

## **AVIAN INFLUENZA**

**AVIAN INFLUENZA (PHILIPPINES)**, 29 July 2020, Affected population: Commercial layer poultry farm. Read More: <https://promedmail.org/promed-post/?id=7625802>

## **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week*

## **NATIONAL DISEASE REPORTS**

**CORONAVIRUS DISEASE 2019 UPDATE (MULTISTATE)**, 29 July 2020, Florida has reported a record 1-day rise in coronavirus deaths and cases in Texas passed the 400 000 mark, stoking fears the US was losing control of the outbreak and adding pressure on Congress to pass another massive aid package. Read More: <https://promedmail.org/promed-post/?id=7622848>

**PLAGUE (NEW MEXICO)**, 29 July 2020, The New Mexico Department of Health [NMDOH] is reporting the state's 1st human plague case of 2020. Officials said a Santa Fe County man in his 60s has been diagnosed with bubonic plague. Read More: <https://promedmail.org/promed-post/?id=7622263>

**CYCLOSPORIASIS (MULTISTATE)**, 29 JULY 2020, The Center for Disease Control is reporting 641 cases of \_Cyclospora\_ across 11 states, including Pennsylvania, that are connected to bagged salad mixes. Read More: <https://promedmail.org/promed-post/?id=7620873>

**HEARTLAND VIRUS (ILLINOIS)**, 25 July 2020, Researchers have confirmed that Heartland virus, an emerging pathogen with potentially dire consequences for those infected, is present in Lone Star ticks in 2 Illinois counties hundreds of miles apart. Read More: <https://promedmail.org/promed-post/?id=7609597>

**SALMONELLOSIS, SEROTYPE NEWPORT (MULTISTATE)**, 25 July 2020, Since the last update on 21 Jul 2020, an additional 87 ill people have been reported in this outbreak, including 38 from 8 new states: Arizona, Florida, Idaho, Maine, North Dakota, Nebraska, South Dakota, and Virginia. Read More: <https://promedmail.org/promed-post/?id=7610939>

**RABIES (MULTISTATE)**, 25 July 2020, two people were exposed to a rabid cat found in the Midlands, the South Carolina Department of Health and Environmental Control (DHEC) said Thursday [16 Jul 2020]. Read More: <https://promedmail.org/promed-post/?id=7611925>

## **INTERNATIONAL DISEASE REPORTS**

**CORONAVIRUS DISEASE 2019 UPDATE (337): (GLOBAL)**, 29 July 2020, The situation report includes information provided by national authorities as of 10:00 CEST, 29 Jul 2020. Read More: <https://promedmail.org/promed-post/?id=7628961>

**EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO)**, 30 July 2020, One more Ebola case has been confirmed in the Democratic Republic of the Congo (DRC) Equateur province outbreak, raising the total to 68 cases, the World Health Organization (WHO) African regional office said today [29 Jul 2020] on Twitter. Read More: <https://promedmail.org/promed-post/?id=7626335>

**E. COLI EHEC (NORWAY)**, 30 July 2020, The Norwegian Institute of Public Health (NIPH), or Folkehelseinstituttet, reported the 1st death in a child from hemolytic uremic syndrome (HUS) from E. coli in more than a decade. Read More: <https://promedmail.org/promed-post/?id=7625577>

**FOODBORNE ILLNESS (JORDAN)**, 29 July 2020, A 5-year-old child is dead and 700 other people have been hospitalized in Jordan with mass food poisoning after eating shawarma at a restaurant in the town of Ain al-Basha, north of the capital Amman, the Ministry of Health announced on Wednesday. Read More: <https://promedmail.org/promed-post/?id=7625565>

**BARTONELLA QUINTANA (CANADA)**, 29 July 2020, The infectious diseases team in Winnipeg [Manitoba] Canada has diagnosed a cluster of 4 cases of severe \_Bartonella quintana\_ endocarditis since March 2020. \_B. quintana\_ is transmitted via the inoculation of infected body lice feces into breaks in the skin (1,2). Read More: <https://promedmail.org/promed-post/?id=7622367>

**JAPANESE ENCEPHALITIS & OTHER (INDIA)**, 28 July 2020, At a time when Assam is witnessing a major COVID-19 spike, a Japanese encephalitis outbreak has also been reported

from different parts of the state raising concerns. Read More: <https://promedmail.org/promed-post/?id=7618995>

**WEST NILE VIRUS (GERMANY)**, 27 July 2020, Information received on [and dated] 23 Jul 2020 from Dr. Dietrich Rassow, Director for Animal Health and Animal Welfare, Chief Veterinary Officer. Read More: <https://promedmail.org/promed-post/?id=7617476>

**LISTERIOSIS (NEW ZEALAND)**, 27 July 2020, Authorities in New Zealand are looking into 3 recent \_Listeria\_ cases to see if they are linked and to find a source of the infections. Read More: <https://promedmail.org/promed-post/?id=7614443>

**SALMONELLOSIS, SEROTYPE NEWPORT (CANADA)**, 26 July 2020, According to Canadian Health officials, as of 24 Jul 2020, there have been 59 confirmed cases of \_Salmonella [enterica\_ serotype] Newport illness linked to this outbreak in the following provinces. Read More: <https://promedmail.org/promed-post/?id=7613979>

**MONKEYPOX (DEMOCRATIC REPUBLIC OF CONGO)**, 25 July 2020, Since the beginning of the year through 5 Jul [2020], the Democratic Republic of the Congo (DRC) has reported a total of 2591 suspected monkeypox cases and 97 deaths. Read More: <https://promedmail.org/promed-post/?id=7610246>

**HEPATITIS C (AUSTRALIA)**, 24 July 2020, Pressure is mounting on the Queensland Government to implement needle and syringe programs (NSPs) in the state's correctional centers amid an outbreak of hepatitis C at a Far North Queensland prison. Read More: <https://promedmail.org/promed-post/?id=7605097>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):  
<http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A



## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

